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For Patents, P.O. Box 1450, Alexandrian Virginia 22313, 450 on the date set forth below.

Date of signature and deposit -

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	Confirmation No. 6057
Joseph A. Starr et al.	)	
	)	Group Art Unit 3683
Serial No. 10/634,529	)	
	)	
Filed: August 5, 2003	)	Examiner Bradley T. King
	)	
For: VALVE SEAT FOR A CONTROL	)	•
VALVE IN A VEHICLE BRAKE	)	
SYSTEM	)	Attorney Docket 1-21434
	•	•

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## **AMENDMENT**

Honorable Sir:

Please amend the above-identified application as indicated on the following pages.

Respectfully submitted,

Staci E. Schweikert Reg. No. 52,200

MacMillan, Sobanski & Todd, LLC One Maritime Plaza, Fourth Floor 720 Water Street Toledo, Ohio 43604

05/25/2005 LLITTLE 00000003 130005 10634525

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1/18/2005 YPOLITE1 00000033 130005 10634529

(419) 255-5900

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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10634529

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			30					RATE FEE			RATE	FE	E
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750	.00
TOTAL CHARGEABLE CLAIMS			30 minus 20=		• 10			X\$ 9≈		OR	X\$18=	180.	$\omega$
IND	EPENDENT CL	AIMS	3 mi	nus 3 =	· \$			X42=		OR	X84=	:	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	930	.00
CLAIMS AS AMENDED - PARTII									-		OTHER		
	(Column 1) (Column 2) (Column						<b>)</b>	SMALL E	NTITY	OR	SMALL	ENTI	Υ
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AMENDMENT	Total	. 30	Minus	# 3	SO	= /		X\$ 9=		OR	X\$18=		
AME	Independent	* 3	Minus	*** -	CLAIM	- /	-	X42=		OR	X84=	·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ٔ ل	+140=		OR	+280=	/	
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(Column 1) (Column 2) (Column 3)								ADDII. FEE [			ADDEE. F C.C.		
		CLAIMS		HIGH	(EST		ጎ 1		ADDI-	1	·	ΑD	DI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIO	NAL EE
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		(Column 1) CLAIMS		(Colu	IEST	(Column 3)	<b>'</b>		4001	I I		1 45	<del></del>
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DDI- NAL EE
MON	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X42=			X84=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A72-		OR	707-	-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140=		OR	+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
"	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												